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Bib Data Sheet

CONFIRMATION NO. 9498

|  |   |                                    |   |  |                                |
|--|---|------------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/031,300   | <b>FILING DATE</b><br>05/14/2002<br><b>RULE</b>   | <b>CLASS</b><br>455                | <b>GROUP ART UNIT</b><br>2682   | <b>ATTORNEY DOCKET NO.</b><br>112740-514 |                                |
| <b>APPLICANTS</b><br>Ralf Schoebel, Aschau, GERMANY;<br>Michael Wilhelm, Fuerstenfeldbruck, GERMANY;<br><b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A 371 OF PCT/DE00/01109 04/11/2000<br><b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 199 33 267.3 07/15/1999   |   |                                    |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>                    </u><br>Examiner's Signature <u>                    </u> Initials <u>                    </u> |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>3                 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>29177  |   |                                    |   |  |                                |
| <b>TITLE</b><br>Heterodyne mobile radio telephone receiver having simplified input filtering   |   |                                    |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1020   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |